

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
								IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	)						51							
2							52							
3	2						53							
4	2						54							
5	7						55							
6	2						56							
7	8						57							
8	8						58							
9	0						59							
10							60							
11	/						61							
12							62							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4													
TOTAL DEP.	11													
TOTAL CLAIMS	15													